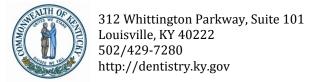
| Fee           | Date       |
|---------------|------------|
| GS Course     | Employment |
| Date Annroyed |            |

## FOR KBD USE ONLY

## Kentucky Board of Dentistry



## **GENERAL SUPERVISION REGISTRATION APPLICATION** Please print in ink or type your responses. List your name as it appears on your license.

| ame                  | Last/Suffix                  |                  | First                     |                              | Middle                |
|----------------------|------------------------------|------------------|---------------------------|------------------------------|-----------------------|
| entucky license nu   | mber                         |                  |                           |                              |                       |
| onlying for general  | l supervision registration u | nder the follo   | owing supervising de      | entist:                      |                       |
| ger,g . e. gerrer a. |                              |                  |                           |                              |                       |
| Name                 |                              |                  | KY li                     | cense number                 |                       |
| actice location      |                              |                  |                           |                              |                       |
|                      | Business Name                |                  | Number & Street <b>PO</b> | Boxes Not Acceptable         |                       |
| City                 |                              | State            | ZIP                       | KY County                    | Phone #               |
| actice Experienc     | ne.                          |                  |                           |                              |                       |
| •                    |                              | ist that inclu   | des a minimum of          | f two (2) years and three    |                       |
|                      | nours of experience. You     |                  |                           |                              |                       |
|                      | and hours listed below.      | i iiiust i etaii | rat your worksite         | documentation that           |                       |
|                      |                              |                  |                           | <i>u</i> . <b>C</b>          | 5                     |
|                      | Employer                     |                  | Location                  | # of Hours                   | Dates Worked          |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  |                           |                              |                       |
|                      |                              |                  | -1                        |                              |                       |
|                      | completed by the super       | _                |                           |                              |                       |
| As the supervi       | - ·                          |                  |                           | I hygienist's skills and I h |                       |
| •                    |                              | ct ic compot     | ant to traat natio        | nts whan tha dantist is n    | at physically procon  |
| •                    | that this dental hygieni     | st is compet     | ent to treat patier       | its when the dentist is in   | or buysically bresen  |
| •                    | ı that this dental hygieni   | st is compet     | ent to treat patier       | its when the dentist is in   | or physically presen  |
| determination        | that this dental hygieni     |                  |                           |                              | ot physically present |

APPLICATION CONTINUES ON REVERSE. AN INCOMPLETE APPLICATION WILL CAUSE SIGNIFICANT DELAYS TO PROCESSING.

| Medic  | al Emergency Coursework   |                       |        |    |
|--------|---|-----------------------|--------|----|
| In     | the past two (2) years, have you completed a board approved medical emergencies                       |                       |        |    |
| со     | urse as required by 201 KAR 8:562 Section 12(1)(d)  |                       | Yes    | No |
|        | If "yes," please attach a copy of your course completion certificate to this form.                    |                       |        |    |
|        | If "no," your application will not be processed until you provide proof of successful co              | mpletion of this co   | ourse  |    |
| If you | answer YES to any of questions 1-6, please attach a full written explanation.                         |                       |        |    |
| 1.     | Has any dental hygiene license held by you had any type of disciplinary action taken                  |                       |        |    |
|        | against it by any state board or government agency?   |                       | Yes    | No |
| 2.     | Are there any disciplinary actions pending against your license by any state board or                 |                       |        |    |
|        | government agency?  |                       | Yes    | No |
| 3.     |   |                       | Yes    | No |
| 4.     |   |                       |        |    |
|        | state?  |                       | Yes    | No |
| 5.     |   |                       | Yes    | No |
| 6.     | Have you ever been sued for malpractice or professional negligence?                                   |                       | Yes    | No |
| Attest | ation to be completed by the dental hygienist   |                       |        |    |
| Ιa     | ttest that I, the undersigned, have completed this form and that the information contained here       | in is true and accura | ate to |    |
|        | e best of my knowledge and belief. I agree not to practice under general supervision until such ti    | _                     |        |    |
|        | pervision registration from the board. In the event that I receive this registration, I agree to adhe | •                     | ан от  |    |
| tne    | e statutes, rules, and regulations governing the practice of dental hygiene under general supervis    | sion in Kentucky.     |        |    |
|        |   |                       |        |    |
|        | Signature of dental hygienist   | Date                  |        |    |

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222